

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 02137	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Margaret A Bodde P.O. Box, Bldg., Room No., if any Street 110 West 57th Street, 6th Floor City New York State New York ZIP Code + 4 10019-3319	4. Name, file number, and address of labor organization. Name Director's Guild of America Labor Organization File Number 000 018 P.O. Box, Building and Room Number, if any Street 110 West 57th Street, 6th Floor City New York State New York ZIP Code + 4 10019-3319
5. Position in labor organization. Exec Director, The Film Foundation	

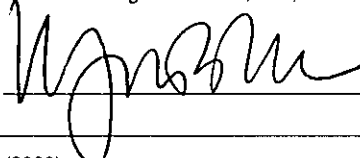
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name The Early Days, LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 450 West 33rd Street City New York State New York ZIP Code + 4 10001	7.a. Nature of Interest, Transaction, or Income. In 2005 I received the payment set forth in 7B below as compensation for services rendered as "co-producer" in connection with a documentary film entitled NO DIRECTION HOME. 7.b. Amount. \$30,388

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On 05/10/2006

Date

212/268-0860

Telephone Number

Name of Person Filing Margaret Bodde	File Number U- 02137
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Margaret Bodde

File Number U- 02137

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name F & L Films

Trade Name, if any:

P.O. Box, Bldg., Room No., if any #11106

Street 1619 Broadway

City New York

State New York

ZIP Code + 4 10019

7.a. Nature of Interest, Transaction, or Income.

In 2005, my spouse, Don Fleming, received the payment set forth in 7b below as compensation for services he rendered as an archival research consultant in connection with a documentary film entitled GOING, GOING, GONZO.

7.b. Amount.

\$4,900

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Paramount Pictures

Trade Name, if any:

P.O. Box, Bldg., Room No., if any VAL. #127

Street 5555 Melrose Avenue

City Los Angeles

State California

ZIP Code + 4 90038

7.a. Nature of Interest, Transaction, or Income.

In 2005, my spouse, Don Fleming, received the payment set forth in 7b below as compensation in the form of royalties for a song he produced that was included on the soundtrack for the film entitled SCHOOL OF ROCK.

7.b. Amount.

\$1,500

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.